Executive Committee of the
Rhode Island Healthcare Reform Commission
Thursday, September 19, 2013
3:00-4:30 p.m.
Conference Room A
Department of Administration

1. **Call to Order**

Lt. Governor Roberts called the meeting to order at 3:09 p.m.

2. **Health and Human Service Programs Data and Analytics:**
Lt. Governor Roberts's presentation and Amy Zimmerman's presentation available upon request.

Lt. Governor Roberts briefly introduced a timeline for an All Payer Claims Database. The process of developing an APCD is still in its beginning stages, but in the future, there would be the possibility of analyzing data effectively. Currently, there are fragmented data systems in government and there are significant financial drawbacks that come with departments creating their own databases that are not connected to each other. With a shared data source, individual departments would not need to request millions of dollars to build their own.

Amy Zimmerman presented on the necessity of creating a provider database in Rhode Island. How can RI create a statewide directory that is well maintained and provides up-to-date information? The database would manage relationships by using a person as the smallest unit of measure; other entities, such as nurses and physicians, are linked to people. There are several forms in which the provider database can take:

   o   Centralized location with dedicated staff who maintain the database
   o   Federated system with decentralized information that can be indexed and referenced
   o   Partially-centralized system that can query central hubs

Director Richard Licht asked why Rhode Island would need a provider database. Lt. Governor Roberts noted that there is already a stated need for a database such as this one because it is costly for departments to build their own databases. Commissioner Hittner stated that when she worked at Miriam Hospital, there were different databases in the different departments. It was costly to maintain each database and there weren't connections between the databases. Lt. Governor Roberts noted that RI state departments are also creating their own databases, using state funds to duplicate efforts.

Currently, the potential provider database needs architecture and implementation models. While the first step will be to create a static database that provides information, the next steps will be creating algorithms, which will be employed to analyze the database. It is important to note that there will be importation of old legacy systems.

3. **Public Comment**

Rich Glucksman from Blue Cross noted that Blue Cross Blue Shield share the concern for real data in the RI healthcare system. He stated that this is an opportunity for stakeholders to be a part of the conversation. Potentially, there can be public involvement in this process of creating the RI provider database.

4. **Adjournment**

Lt. Governor Roberts adjourned the meeting.